



## Quotation Advert

<b>Opening Date:</b>	<input type="text" value="2019-10-10"/>
<b>Closing Date:</b>	<input type="text" value="2019-10-18"/>
<b>Closing Time:</b>	11:00
<b>INSTITUTION DETAILS</b>	
<b>Institution Name:</b>	<input type="text" value="Greytown hospital"/>
<b>Province:</b>	KwaZulu-Natal
<b>Department or Entity:</b>	Department of Health
<b>Division or section:</b>	Central Supply Chain Management
<b>Place where goods / services is required</b>	<input type="text" value="EYE CLINIC"/>
<b>Date Submitted</b>	<input type="text" value="2019-10-10"/>
<b>ITEM CATEGORY AND DETAILS</b>	
<b>Quotation Number:</b>	ZNQ: <input type="text" value="33/10/2019"/>
<b>Item Category:</b>	<input type="text" value="Goods"/>
<b>Item Description:</b>	<input type="text" value="SUPPLY AND DELIVER TRIAL FRAME (PEDIATRIC)"/>
<b>Quantity (if supplies)</b>	<input type="text" value="01 UNIT"/>
<b>COMPULSORY BRIEFING SESSION / SITE VISIT</b>	
<b>Select Type:</b>	<input type="text" value="Not Applicable"/>
<b>Date :</b>	<input type="text"/>
<b>Time:</b>	<input type="text"/>
<b>Venue:</b>	<input type="text"/>
<b>QUOTES CAN BE COLLECTED FROM:</b>	<input type="text" value="GREYTOWN HOSPITAL (SCM) FROM 7:30 TO 16:00 WEEKDAYS"/>
<b>QUOTES SHOULD BE DELIVERED TO:</b>	<input mailto:bongukwanda.dlamini@kznhealth.gov.za"="" type="text" value="Greytown Hosp bell street -must be deposited in a tender box next to the gate or email to &lt;a href="/> bongukwanda.dlamini@kznhealth.gov.za"/>
<b>ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:</b>	
<b>Name:</b>	<input type="text" value="Ms. P.N Khanyile or Mrs T.R. Jali"/>
<b>Email:</b>	<input type="text" value="siyabonga.mzolo@kznhealth.gov.za"/>
<b>Contact Number:</b>	<input type="text" value="033 4139 431 Ext:291"/>
<b>Finance Manager Name:</b>	<input type="text" value="MR R. Haniff"/>
<b>Finance Manager Signature:</b>	

**No late quotes will be considered**